

# The Nursing Commission *Newsletter*

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## Chair's Report

By Joanna Boatman,  
RN

Hello to all of you, my name is Joanna Boatman, the new chair of the Nursing Care Quality Assurance Commission. I want to start this little note to tell you who I am, how I see life, and what I think the Nursing Commission can and does for the citizens of the state of Washington and nursing.

I have had a forty-four year career as a Staff Nurse in the Operating Room. I've served in a lot of other capacities and a lot of other areas in my working years plus now. I view myself first as a woman and second a nurse. Nursing has always been a large component of how I think, what I do and how I do it. The opportunity to serve on the Nursing Care Quality Assurance Commission and to be appointed to that position was the greatest compliment to my career that I could receive. This gives me an exciting opportunity to further the causes that I believe in and help to do my part to ensure that nursing continues to be the respected and sought after profession in this state.

The mission of the Nursing Care Quality Assurance Commission is to ensure safety to the public. This is our sole purpose and what we do spreads out from that purpose. Washington is considered a very progressive state because the Nursing Commission consists of Registered Nurses, Practical Nurses and public members. Some of the many issues the Nursing Commission are involved with are:

- w Multi-State Licensure Task Force
- w Working with changing health care fields and a variety of care givers
- w Evaluating competency of nurses
- w Working with pro-tem commission members for the disciplinary process including hearings
- w Continuing to issue advisory opinions for nurses with questions. ♦



## Commission Members

Joanna Boatman, RN, Chair  
Shirley Coleman Aikin, RN, MSN  
Shannon Fitzgerald, RN, MSN, ARNP  
Jeni Fung, Public Member  
Becky Kerben, LPN, Co-Vice Chair  
Frank Maziarski, CRNA, MS  
Ron Morrison, MSW, Public Member  
Rose-Marie Neumann, LPN  
Cheryl Payseno, RN, MPA  
Roberta Schott, LPN, Co-Vice Chair

## Executive Director's Corner

By Paula Meyer,  
RN, MSN

It has been five short months that I have been with the Nursing Care Quality Assurance Commission. In that brief time period, I have had a tremendous orientation to the work of the commission, and that of the staff. They have prepared me well on issues that we are involved with as nurses.

Some of the issues facing us include Multi-State Regulation, Self Directed Care, School Health, Nurse Delegation, and Caregiver Training to name a few. All of these issues deserve your attention as licensed professionals in the State of Washington. All of them will impact practice in some way. Therefore, what better time is there to get involved! Nurse Delegation, Caregiver Training and Self-Directed Care have enjoyed the public spotlight. Many public meetings have been held across the state on these issues utilizing Washington Interactive Television.

A Multi-State Regulation Task Force has begun meeting in the SeaTac area and you are welcome to attend and participate. We are asking for a consistent group to continue attending the upcoming meetings as we journey through learning about this together.

School health is one of the Department of Health's Strategic Initiatives and the Nursing Commission has a major role in defining the personnel needs to deliver excellent school health in our state. Your participation in these stakeholder meetings will be very helpful in defining the scope of the problem and the needs. The Nursing Commission will be addressing these issues as we also address the regulatory aspects of our nursing professions.

The disciplinary process is not always popular, but the Commission plays a vital role in protection of the public safety and welfare. Timelines have been mandated and we have developed guidelines and

rules that will assist us in assuring that disciplinary cases are expedited. Each step of the process has been defined and predictable time periods identified. If a case is meeting the timelines, and the majority do, the process is working efficiently. If there are delays, these are the cases that will demand extra resources to meet our mission of protecting the public safety and welfare. The whole system is complaint driven. The Mandatory Reporting Act and the Uniform Disciplinary Act guide the process. As a result of applying the timelines process, we have improved our complaint form that will gather more complete information and further expedite our service. See the complaint form on page 15.

Communication with the Nursing Commission is now easier than ever before. We have an improved phone system. As of October 19, 1998, we activated a new phone system that we anticipate will improve our customer service. The Nursing Unit receives hundreds of calls on a daily basis and we want to make sure we meet the needs of you, our customers, in a timely fashion. If you have comments on our phone service, please let us know. The Nursing Commission has activated a web page at <http://www.doh.wa.gov/about.htm#HSQA>. The web page will be updated periodically and more information will be added as we get more proficient in using this service.

This is an exciting time to be a nurse. Our roles are changing as we respond to the health care needs of our society. What better time to get involved in the shaping of those delivery systems and our professions. We invite you to share your knowledge and expertise to further serve the public needs in our great State of Washington. ♦

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## Attention Employers

If you are considering employing an RN, LPN, NAR or NAC, you should ask to see her/his license prior to hiring. If you wish to check on the current status of their license, the license number is on their license form. With that number you can call the

Automated Verification System at (360) 664-4111 to obtain current information on the status of their license.

If an applicant cannot show you a Washington license, they should not be practicing. Out of state licenses are not valid in Washington state. ♦

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## Nursing Assistant Certified Applications

Please remember, all nursing assistant certified (NAC) testing applicants **must** complete a State application in addition to their Federal testing application. This State application is needed so that when the testing results are received by the Nursing Commission, the representative can mail out a

certification. If your facility does not have current NAC applications on file, please contact the Nursing Commission representative at (360) 236-4704 to request a sufficient number of applications. ♦

## Outgoing Commission Member

By Donna Campbell,  
RN, MSN

It has been a pleasure to serve the citizens of the State of Washington as a member of the Nursing Commission since its creation in July 1994. As in all such endeavors, I have gained much more than I have given. I have had the opportunity to work with outstanding people- both Commission Members and the Commission Staff. Each of them has my sincere thank you for what they have added to my life personally and professionally.

As I look back over the past four years I take pride in the accomplishments of the Nursing Commission. I will not take the time here to enumerate each of them, but I can assure the nurses in this

state that the women and men I have had the opportunity to work with consistently make decisions necessary to protect the public and to enhance the nursing profession.

As I move on I will not miss the time away from my family and workplace, but I will indeed miss the people I have come to value and hold in high esteem. I have no doubt the fine work will continue. I look forward to continuing my involvement as a pro tem member of the Commission. Thanks again to all who have made this one of the most rewarding experiences of my professional life. ❖

## New Commission Member

### Shirley Coleman Aikin, RN, MSN



Shirley Coleman Aikin, RN, MSN was appointed to the Nursing Care Quality Assurance Commission October 7, 1998. Her four year term will end June 30, 2002. Shirley's career in health care began as a nurses' aide. Her

mother's and sister's nursing careers also influenced her. She graduated with the BSN in 1971 from Pacific Lutheran University (PLU). She received her Master's in Education in 1978 and an MSN in 1996 from PLU.

Her career as an RN began in the Army Nurse Corps. She has worked in Labor and Delivery, Newborn Nursery, NICU, MICU, OB-GYN Surgery and Oncology, and Orthopedics. She also worked as an OB-GYN Nurse Clinician while on active duty in the Army. She remained in the Army Reserves after her initial tour, and has completed her 20 years for retirement. Her Reserve unit (50th General Hospital) was mobilized to Saudi Arabia, during Operation Desert Storm.

She has taught at Pacific Lutheran University since 1974, and is an Assistant Professor of Nursing. She taught in the Army LPN (91C) Program for two years. Since 1990, at PLU, she has been the Coordinator of the LPN-BSN Program; an articulation program designed to facilitate an LPN's transition to the level of BSN.

She has been married for 27 years. Her husband, Travis, is a Personnel Manager for Department of Social and Health Services. Her daughter, Crystal, graduated from PLU in 1997 and works in Tacoma. Her son, Phillip, is serving in the Army in Alaska. Shirley is active in her church and has hobbies that include reading, sewing and scrapbooking.

Shirley's mission in health care and nursing remains to serve others. She considers her appointment to the Commission as an opportunity to serve the people of the State of Washington by contributing to policy and decision making. Her experiences in the RN and LPN level will enrich her understanding of issues that must be addressed in both practice arenas. She feels that it is an honor and privilege to serve for nursing and the State of Washington. ❖

## Office Location and Hours

The Commission office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday except for designated state holidays.

The office is located at 1300 Quince Street SE, Olympia, Washington 98504-7864. Correspondence only should be



directed to PO Box 47864, Olympia, WA 98504-7864.

To ensure prompt processing, payments such as renewal fees or application fees should be sent to PO Box 1099, Olympia, WA 98507-1099. ❖

# Rules Review Process

The Governor has mandated that all state agencies and regulatory bodies shall review all existing significant or controversial rules by the year 2000. The Nursing Commission has developed a three year plan to review all controversial and significant rules and hold public rules review forums. At the public forums the Nursing Commission will discuss each scheduled rule and will take comments on whether the rule is fine as written, needs to be re-written or needs to be repealed. All three public forums will be held in Olympia. The time of the review is to be determined and will be announced in each meeting's agenda. The following rules are scheduled for review in 1999.

## February 25, 1999

Forum location: Department of Health, 1101 Eastside Street, Olympia, WA 98504

WAC 246-840-010 Definitions

## May 21, 1999

Forum location: Department of Health, 1101 Eastside Street, Olympia, WA 98504

WAC 246-840-910 Purpose

WAC 246-840-920 Definitions

WAC 246-840-930 Criteria for delegation

WAC 246-840-940 Process for delegation

WAC 246-840-950 Nursing supervision

WAC 246-840-960 Accountability, liability, and coercion

WAC 246-840-970 Rescinding delegation

WAC 246-840-980 Evaluation of nurse delegation

## November 19, 1999

Forum location: Department of Health, 1101 Eastside Street, Olympia, WA 98504

WAC 246-840-500 Philosophy governing approval of nursing education programs

WAC 246-840-505 Purposes of commission approval of nursing education programs

WAC 246-840-510 Approval of nursing education programs

WAC 246-840-520 Periodic evaluation of approved programs

WAC 246-840-525 Commission action following survey visits

WAC 246-840-530 Denial, conditional approval or withdrawal of approval

WAC 246-840-535 Reinstatement of approval

WAC 246-840-540 Appeal of commission decisions

WAC 246-840-545 Closing of an approved nursing education program

WAC 246-840-550 Purpose, philosophy, and objectives for approved nursing education programs

WAC 246-840-555 Organization and administration for approved nursing education programs

WAC 246-840-560 Resources, facilities, and services for approved nursing education programs

WAC 246-840-565 Students in approved nursing education programs

WAC 246-840-570 Faculty in approved nursing education programs

WAC 246-840-575 Curriculum for approved nursing education programs ♦

# Continuing Education Requirements

*Jeanne Giese, RN, MN*

In a recent survey conducted by the Nursing Commission staff on the nursing renewal cycle, many requests for continuing education requirements were received. The Washington Nursing Care Quality Assurance Commission has no mandatory continuing education requirements for licensed practical nurses or registered nurses. Nurses are reminded that they are responsible to maintain current knowledge in their chosen fields of practice as stated in WAC 246-840-700. This is one way to minimize the chances of

injuring a patient through acts of omission or acts of incompetence or negligence due to an inadequate knowledge base. Nurses are encouraged to seek continuing education opportunities through their professional nursing organizations, attend employer provided inservices and attend continuing education courses and workshops sponsored by local community colleges and private educational providers. Libraries and the Internet are other resources that nurses have utilized for educational purposes. ♦

# Rules Update

Following is a listing of rules that are in the process of being developed, ready for public rules hearing or rules writing process. At the end of the article is information on how you can receive a copy of any of these rules or be added to the interested persons mailing list to receive all future rules mailings.

## Advanced Registered Nurse Practitioners:

The roundtable meetings and the initial rule writing workshop have been completed. Staff are working on filing the CR 102 forms to announce a future public rules hearing in early 1999. The rules which are being amended are: New WAC 246-840-299 Definitions; Amending the following: WAC 246-840-300 Advanced registered nurse practitioner; WAC 246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure; WAC 246-840-310 Use of nomenclature; WAC 246-840-320 Certification and certification program; WAC 246-840-330 Commission approval of certification programs; WAC 246-840-340 Application requirements for ARNP; WAC 246-840-345 ARNP designation in more than one area of specialty; WAC 246-840-360 Renewal of ARNP designation; WAC 246-840-410 Application requirements for ARNP with prescriptive authority.

A second rules writing workshop will be held on December 11, 1998 beginning at 3:00 p.m. at Wheelock Public Library, 3722 North 26th Avenue, Tacoma, WA 98407. Call (253) 591-5640 for directions.

## Mandatory Reporting:

This rule was identified during the rules review process as needing amendment to be more clear and understandable. Two public rules writing workshops were held to solicit input. A public hearing will be held in early to mid 1999.

## Sexual Misconduct Prohibited:

A public rules hearing was held October, 1997. Based on comments at the hearing and following the hearing the Nursing Commission decided to re-write the draft language. The public rules hearing to adopt this draft will be held at 9:00 a.m., January 13, 1999, Department of Health, 1101 Eastside Street, Olympia, WA 98504. Following is the entire proposed text. You may attend the public rules hearing or submit comments prior to 1/8/99.

## WAC 246-840-740 Sexual Misconduct Prohibited.

(1) **What is the nursing commission's intent in prohibiting this type of misconduct?** Sexual or romantic conduct with a client or the client's family is serious misconduct because it harms the nurse/client relationship and interferes with the safe and effective delivery of nursing services. A nurse does not need to be "assigned" to the client in order for the nurse/client relationship to exist. The role of the nurse in the nurse/client relationship places the nurse in the more powerful position and the nurse must not abuse this power. Under certain circumstances, the nurse/client relationship continues beyond the termination of nursing services. Not only does sexual or romantic misconduct violate the trust and confidence held by health care clients towards nursing staff, but it also undermines public confidence in nursing. Nurses can take measures to avoid allegations of such misconduct by establishing and maintaining professional boundaries in dealing with their clients.

(2) **What conduct is prohibited?** Nurses shall never engage, or attempt to engage, in sexual or romantic conduct with clients, or a client's immediate family members or significant others. Such conduct does not have to involve sexual contact. It includes behaviors or expressions of a sexual or intimately romantic nature. Sexual or romantic conduct is prohibited whether or not the client, family member or significant other initiates or consents to the conduct. Such conduct is also prohibited between a nursing educator and student.

Regardless of the existence of a nurse/client relationship, nurses shall never use patient information derived through their role as a health care provider to attempt to contact a patient in pursuit of a nurse's own sexual or romantic interests or for any other purpose other than legitimate health care.

(3) **What should a nurse do to avoid allegations of sexual or romantic misconduct?** Establishing and maintaining professional boundaries is critical to avoiding even the appearance of sexual or romantic misconduct. Nurses can take certain preventative steps to make sure safeguards are in place at all times, such as:

(a) Setting appropriate boundaries with patients, physically and verbally, at the outset of professional relationships, and documenting such actions and the basis for such actions;

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# Rules Update

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(b) Consulting with supervisors regarding difficulties in establishing and maintaining professional boundaries with a given client; and/or

(c) Seeking reassignment to avoid incurring a violation of these rules.

(4) **What about former clients?** A nurse shall not engage or attempt to engage a former client, or former client's immediate family member or significant other, in sexual or romantic conduct if such conduct would constitute abuse of the nurse/client relationship. The nurse/client relationship is abused when a nurse uses and/or benefits from the nurse's professional status and the vulnerability of a client due to the client's condition or status as a patient.

(a) Due to the unique vulnerability of mental health and chemical dependency clients, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former clients, or their immediate family or significant other, for a period of at least two years after termination of nursing services. After two years, sexual or romantic conduct may be permitted with a former mental health or chemical dependency client, but only if the conduct would not constitute abuse of the nurse/client relationship.

(b) Factors which the commission may consider in determining whether there was abuse of the nurse/client relationship include, but are not limited to:

(i) The amount of time that has passed since nursing services were terminated;

(ii) The nature and duration of the nurse/client relationship, the extent to which there exists an ongoing nurse/client relationship following the termination of services, and whether the client is reasonably anticipated to become a client of the nurse in the future;

(iii) The circumstances of the cessation or termination of the nurse/client relationship;

(iv) The former client's personal history;

(v) The former client's current or past mental status, and whether the client has been the recipient of mental health services;

(vi) The likelihood of an adverse impact on the former client and others;

(vii) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct;

(viii) Where the conduct is with a client's immediate family member or significant other, whether such a person is vulnerable to being induced into such relationship due to the condition or treatment of the client or the overall circumstances.

(5) **Are there situations where these rules do not apply?** These rules do not prohibit:

(a) The provision of nursing services on an urgent, unforeseen basis where circumstances will not allow a nurse to obtain reassignment or make an appropriate referral;

(b) The provision of nursing services to a spouse, or family member, or any other person who is in a preexisting, established relationship with the nurse where no evidence of abuse of the nurse/client relationship exists.

## Changing Renewal Cycle:

See the article on page 12. Staff will be filing the paperwork for a public rules hearing in mid 1999 to change the renewal cycle from annual to every two years for Registered Nurses. The renewal cycle for Practical Nurses is not proposed to be changed.

## Practicing Under the Influence:

This has been identified as a topic in which a rule should be written. Public rules writing forums will be planned in early 1999. Those on the interested persons mailing list will receive a copy of the notice when it is developed.

## Documents Which Indicate Authorization to Practice:

WAC 246-840-020 was identified during the rules review process as needing amendment. A future public rules hearing will be announced in early 1999 to those persons who are on the interested persons mailing list.

## Licensing Rules:

Three rules were identified during the rules review process as needing amendment: WAC 246-840-050 Licensing Examination; WAC 246-840-070 Failures-Repeal Examination; and WAC 246-840-090 Licensure by Interstate Endorsement. The rules writing workshop will be announced to those persons who are on the interested persons mailing list with a public rules hearing to be scheduled in early 1999.

(Continued on Page 7)

# School Nurse Issues Update

By Shannon Fitzgerald,  
RN, MSN, ARNP

## ARNPs and medications in school:

The Nursing Commission has received multiple inquiries about whether or not ARNPs can sign orders for medications to be administered at school. ARNPs with prescriptive authority may certainly prescribe medications for children, including those to be given at school. However, in most school settings, the administration of oral medications is delegated by an RN to unlicensed school staff. RCW 28.8 A (the "oral medication statute") provides immunity from liability for the school in order for this delegation to occur. RCW 28.8A was written before ARNPs had prescriptive authority, and it specifically states that schools are immune from liability for this procedure if the order for medications is written by a physician or dentist. Registered nurses and licensed practical nurses may administer medications which have been ordered by ARNPs, PAs, NDs and others; it is the delegation to other school personnel which is the problem.

Plans are well underway for a technical clean up of this statute. During the 1999 legislative session, a bill will be introduced to amend the language to allow the orders for medications to be written by health care practitioners whose scope of practice allows them to prescribe medications. If you are a school nurse or an ARNP and are interested in this legislation, you should contact your professional

organization (School Nurse Organization of Washington State or ARNPs United) for more information. The oral medication bulletin can be downloaded from the Office of Superintendent of Public Instruction's website: [www.ospi.wednet.edu](http://www.ospi.wednet.edu).

## Diabetes care in schools:

A collaborative effort to standardize the care of students with diabetes has been underway for over a year, with an estimated completion date in 1999. Participants have included the Nursing Commission, the Washington affiliate of the American Diabetes Association, the School Nurse Organization of Washington State, several professional experts in diabetes care, and the Office of the Superintendent of Public Instruction. The goal is to provide resources about diabetes and necessary accommodations for students with diabetes for school districts, parents, nurses, physicians, and school nurses. New developments and research related to diabetes care are at the core of the committee's work, and the Nursing Commission has been able to share information related to advisory opinions and technical assistance requests the Commission has received from parents and school nurses. A pilot program is currently underway to test the educational plan the committee has developed. School districts across the state, families of children with diabetes, diabetes educators, physicians and nurses eventually will have access to a complete resource packet. ♦

# Rules Update

(Continued from Page 6)

## Practice Standards:

Four rules were identified during the rules review process as needing amendment: WAC 246-840-700 Standards of nursing conduct or practice; WAC 246-840-705 Functions of a licensed practical nurse; WAC 246-840-710 Violations of standards of nursing conduct or practice; and WAC 246-840-715 Standards/competencies. The rules writing workshop will be announced to those persons who are on the interested persons mailing list with a public rules hearing to be scheduled in mid 1999.

## How to Receive a Copy

If you would like to receive a copy of any of the rules in process, write to:

Department of Health  
Nursing Programs/Rules  
P.O. Box 47864  
Olympia, WA 98504

or FAX a request to (360) 586-5935 or 236-5748.

If you would like to be added to the interested persons mailing list to receive all future rules notices please write or FAX your request to the above address and FAX line. ♦

## ARNP Corner:

By Frank Maziarski,  
CRNA, MS, ARNP  
and Shannon Fitzgerald,  
RN, MSN, ARNP



**Question:** Do Certified Registered Nurse Anesthetists (CRNAs) have prescriptive authority similar to the prescriptive authority allowed ARNPs.

**Answer:** Yes, Certified Registered Nurse Anesthetists (CRNAs), are qualified under WAC 246-840-300, WAC 246-840-305, WAC 246-840-310 as Advanced Nurse Practitioners (ARNPs) in Washington State and may prescribe Legend and Schedule V, controlled drugs. However a CRNA possesses additional authority under RCW 18.79.240, "To select, order or administer Schedule II through IV controlled substances being limited to those drugs that are to be directly administered to patients who require anesthesia for diagnostic, operative, obstetrical, or therapeutic procedures in a hospital, clinic ambulatory surgical facility or the office of a practitioner licensed under chapter 18.71, 18.22, 18.36, 18.36A, 18.57, 18.57AS, or 18.32 RCW. All CRNAs should be thoroughly familiar with the mentioned WACs and RCWs as described in The Law Relating To Nursing revised on March 1998. All ARNPs including CRNAs should also be familiar with the following WACs, as they relate to prescriptive authority: WAC 246-840-400, ARNP with prescriptive authority; WAC 246-840-410, Application requirements for ARNP with prescriptive authority; WAC 246-840-420, Authorized prescriptions by the ARNP with prescriptive authority; WAC 246-840-430, Termination of ARNP prescriptive authority; WAC 246-840-440, Prescriptive authorization period.

**Question:** Does the Nurse Practice Act allow Washington ARNPs to admit patients to hospitals?

**Answer:** There is nothing in the Law Relating to Nursing (Nurse Practice Act) which specifically addresses hospital privileges for ARNPs. It is within the scope of practice for many ARNPs to admit patients to hospital depending on the ARNPs education, experience and the needs of patients. Medical institutions have policies related to which types of practitioners can request admitting privileges. The hospitals must also consider the skills and abilities of individual practitioners, as well as policies of accrediting organizations such as JCAHO (Joint Commission). The Commission is not able to assist in the hospital admission privilege procedure, but ARNPs should be prepared to inform a hospital credentialing committee that hospital admission of patients by ARNPs is not prohibited by Washington state law.

**Question:** Is it a requirement for an ARNP to obtain a DEA number in order to have prescriptive authority in Washington state?

**Answer:** DEA registration is not a requirement for prescriptive authority. However, many ARNPs are being asked to provide a DEA number for insurance/ third party reimbursement reasons.

**Question:** How does an ARNP obtain a DEA number?

**Answer:** ARNPs should call the Drug Enforcement Agency in Seattle to request an application: (206) 553-5990. ARNP licensure with prescriptive authority is required in order to process the application.

**Question:** Is there a list of drugs which ARNPs can prescribe in Washington state?

**Answer:** No, there is no formulary or list which ARNPs must follow. Each ARNP may prescribe medications for patients within the ARNPs area of specialty and certification. For instance, an Adult Nurse Practitioner may not prescribe medications for an infant or a child. ARNPs with prescriptive authority may independently prescribe legend drugs, which are all non-narcotic prescription medications, and Schedule V drugs. Examples of Schedule V drugs are codeine-containing cough preparations, such as elixir of terpin hydrate and codeine, and attapulgit (Parapectolin).

**Question:** My friend wants to move here from a state where a master's degree was not a requirement. What shall I tell him about our master's requirement?

**Answer:** Since January 1, 1995, a master's degree with a concentration in nursing has been one of the requirements for ARNP recognition in Washington state. If the nurse without a master's degree was recognized as an ARNP in another state prior to 1995, ARNP licensure may be granted in Washington, if he or she has met the other requirements for licensure. For instance, the educational program must have been the equivalent of one academic year.

A free copy of The Law Relating To Nursing can be received by writing or calling the Washington State Nursing Care Quality Assurance Commission at Department of Health, Nursing Commission, P.O. Box 47864, Olympia, WA 98504. ♦



# Multi-State Licensure for Nurses through Mutual Recognition

By Cheryl Payseno,  
R.N., M.P.A.

## *Why is the Nursing Commission interested in changing the way nurses are licensed?*

Today's changing health care delivery environment, new models of practice and advances in technology have led nursing regulators to take a new look at the current nurse licensure system. Some of the reasons for evaluating our licensure system include:

- w New practice modalities and technology raise questions regarding whether nurses are complying with state licensure laws;
- w Nurses are practicing in a variety of settings which may cross state lines;
- w Consumers expect and need access to qualified nurses without regard to state boundaries;
- w Nurses and employers expect expedient authorization to practice; and
- w State by state licensure for comparable practice authority is cumbersome, inefficient and costly.

## *What process was used to evaluate alternatives? What was the result of this evaluation?*

The National Council of State Boards of Nursing convened a task force that evaluated several regulatory models of nursing licensure that could be recognized nationally and enforced locally. The mutual recognition model of licensure was selected as the model that would allow a nurse to have one license - in his or her state of residency - and to practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws.

In order to achieve the benefits of mutual recognition, each state must enter an interstate compact that allows a nurse to practice in more than one state (similar to the driver's license model). An interstate compact is "An agreement between two or

more states established for the purpose of remedying a particular problem of multi-state concern." (Black's Law Dictionary) Any state that is a "party state" agrees to recognize the license of a nurse from another party state.

## *What is the Washington State Nursing Commission's position on mutual recognition?*

The Washington State Nursing Commission has endorsed the mutual recognition model concept through an interstate compact and plans to develop a proposal for submission to the Legislature in 2000.

## *What steps is the Nursing Commission taking to plan for legislative action and to prepare for transition to a new licensing system?*

The Nursing Commission has established a Multi-State Licensure Task Force to assist and advise the Commission on issues surrounding implementation of the mutual recognition model in Washington. Task Force members include nurses, nursing professional organizations, employers, insurers and the public. The Task Force provides the opportunity for discussion regarding development of a transition plan and coordination of activities for mutual recognition. The Nursing Commission will use information and insights gained through this process in developing its proposal for consideration by the Washington State Legislature in 2000.

If you have questions or would like to submit comments to the Nursing Commission regarding Multi-State Licensure and the Mutual Recognition Model, please direct your comments to:

Cheryl Payseno, R.N., M.P.A.  
Washington State Nursing Care Quality  
Assurance Commission  
PO Box 47864  
Olympia Washington 98504  
(360) 236-4713  
cpayseno@halcyon.com ❖

# Survey Results Should The Renewal Cycle Be Changed?

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should pursue. Currently, the Nursing Commission does not have the statutory authority to require continuing education for Registered Nurses or Practical Nurses. ❖

## Graduating Students

Graduating students should be aware that their application for licensure must be received by the Department of Health 60 days prior to graduation. A supply of license application forms has been sent to instructors to distribute to each student. If you did not receive your application form and are about to graduate, contact your instructor immediately or write to: Department of Health, Nursing Programs, P.O. Box 47864, Olympia, WA 98504.

You must have your completed application form submitted to the Department of Health at least 60 days prior to graduation to ensure that you will be

licensed on time. If your application is received less than 60 days prior to graduation, this delays processing, eligibility to take examination, and delays the authorization to test process.

At the same time that you file your application for licensure with the Department of Health, don't forget to file your registration to take the NCLEX examination with National Council. Refer to your NCLEX Examination Candidate Bulletin for the registration process. If you have further questions or wish to register by phone, contact the testing company at 1-800-551-1912. ❖

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## License Renewals

Nurses frequently call the Nursing Commission office to inquire about license renewal procedures. Some of these calls occur because renewal notices were not received. Renewal notices are mailed 8-10 weeks prior to the birth date of the licensee to the address on file with the Nursing Commission office. Please note the following:

- w **Please notify the Nursing Commission in writing of all address changes.**
- w **A renewal notice is not necessary to process your license renewal.** If you do not receive a renewal card, send in the renewal fee (\$50 or \$100 if postmarked after your birth date) and make checks payable to the Department of Health with a letter stating your name, address, date of birth, license number and your profession, i.e. RN or LPN, to:

Washington State Nursing Care  
Quality Assurance Commission  
P.O. Box 1099  
Olympia, WA 98507-1099

- w **Approximately 80,000 renewal notices are generated for nurses and unfortunately not all are delivered.** Some are lost in the mail; some are returned undeliverable because the post office determined the licensee has moved; state mail is not automatically forwarded even if you have filed a change of address with the post office.

- w **Name change requires documentation.** Submit a copy of your marriage certificate, divorce decree or court document along with your renewal.

- w **Renewal date coincides with your birth date.** As with other health care professions, the nursing law gives the nurse the responsibility to ensure that his/her license is renewed by the expiration date.

- w **Renewals in person are NOT quicker.** If you have waited until the last minute to renew your license, you may come to the Olympia Office to renew your license. However, you will **NOT** receive your license that day and it will be mailed to you. Written verifications cannot be given at the counter. We are not able to verify renewals mailed in late, last minute, or by counter.

- w **Employers are encouraged to establish a log showing they have viewed the license with the name, license number and name of the verifier.** Employers should demand to see the **original** license, not a copy.

- w **The Automated Verification System number is (360) 664-4111.** Call this number to verify renewals or licensure status. Be sure to obtain the license number from the licensee prior to calling the Automated Verification System. ❖

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## New Complaint Form

Please note on the opposite page of this newsletter a complaint form designed to be used by anyone wishing to report a nursing practice or nursing conduct concern to the Nursing Care Quality Assurance Commission. The complaint form may be obtained by calling (360) 236-4727 or 236-4726. The Commission staff appreciates any comments or questions you may have about this form. ❖

## NURSING COMPLAINT FORM

Responding to complaints regarding nursing practice is one of the ways in which the Nursing Commission fulfills its mandate to protect the public. The complaint must be in writing. Please complete both sides of this complaint form and mail to:

**WA State Nursing Care Quality Assurance Commission**  
**ATTN: Intake**  
**PO Box 47864**  
**Olympia, WA 98504-7864**

You may use additional or continuation sheets as needed. You may attach any supporting documentation. If you need assistance or require additional information about the complaint process, please call 360-236-4726 or 360-236-4728.

1. **NAME OF NURSE(S) AND LICENSE NUMBER IF KNOWN:**  
(Please indicate RN or LPN if known)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

2. **NAME OF FACILITY, AGENCY, CLINIC OR PRACTICE:**

\_\_\_\_\_

3. **DESCRIBE YOUR SPECIFIC CONCERNS and/or ALLEGED VIOLATIONS OF NURSING STANDARDS OR CONDUCT.** Please provide, as possible, specific dates, times, description of the incident or event, and harm to the patient.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Continued on Page 12)*

**EMPLOYERS AND/OR SUPERVISORS PLEASE INCLUDE THE FOLLOWING :**

Role of the nurse(s) in the incident: \_\_\_\_\_

\_\_\_\_\_

corrective action taken, if any: \_\_\_\_\_

\_\_\_\_\_

describe actual or potential harm to patient: \_\_\_\_\_

\_\_\_\_\_

does this nurse exhibit a pattern of practice errors: \_\_\_\_\_

\_\_\_\_\_

prior disciplinary/counseling actions: \_\_\_\_\_

\_\_\_\_\_

was nurse's employment terminated? \_\_\_\_\_

**4. PLEASE NOTE:**

Anonymous complaints cannot be accepted.

**Details of the complaint will be released to the nurse in question.**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**The Nursing Commission appreciates your concern for public safety and your willingness to step forward in this matter.**

THE IDENTITY OF A WHISTLEBLOWER WHO COMPLAINS, IN GOOD FAITH, TO THE DEPARTMENT OF HEALTH ABOUT THE IMPROPER QUALITY OF CARE BY A HEALTH CARE PROVIDER, OR IN A HEALTH CARE FACILITY, AS DEFINED IN RCW 43.72.010, SHALL REMAIN CONFIDENTIAL UNDER PROVISIONS OF RCW 43.70.075 .

# Thank You Volunteers!

By Joan Reilly, RN,  
Ph.D.

In the last issue of The Nursing Commission Newsletter, there was an invitation to participate in the Clinical Simulation Testing (CST) pilot project. A description of the testing methodology was provided in the Summer 1998 Newsletter if you care to review the information. Several registered nurses volunteered to participate and we are very appreciative. Those individuals who have completed the CST or who are scheduled to take the CST are:

Sheree Badders	Kristi Ross
Roxanne Baker	Jacqueline Rowe
Lori Candela	Todd Simpson

Kim Cota-Andersen	Linda Snyder
Vickie Crockett	Ron Whitten
Deborah Oliver	Barbara Williams
Suzanne Provensano	

These individuals are to be commended for volunteering their time to engage in this activity that will provide data for the National Council of State Boards of Nursing to analyze for this project

If there are any other registered nurses who would be willing to participate we would like to hear from you. Please contact Dr. Joan Reilly at (360) 236-4709 or write to the Nursing Commission at the address on this newsletter. ❖

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## Renewals

Kathryn Kruzner

The majority of our hundreds of telephone calls per day are regarding the renewal process. Your assistance is appreciated in following these simple steps.

### Before you send your license renewal, complete these important steps:

1. Write your name and address on a blank piece of paper with your social security number and/or license number. Place inside your mailing envelope along with your check payable to Department of Health: (If envelope postmark is dated after your birthday, you are late. No exceptions.)

Nursing Assistant: .....	\$20.00	Late: .....	\$40.00
RN/LPN: .....	\$50.00	Late: .....	\$100.00

2. Correct address on envelope should read:

Nursing Commission  
PO Box 1099  
Olympia, WA 98507.

Check or money order made payable to:

Department of Health  
(Note: Checks are easier to trace.)

3. Send your renewal at least three weeks before your birthday. The turn around time is approximately three weeks.

### Before you contact the Renewal Unit about the status of your renewal:

1. Wait 10 working days from the time you sent your check or money order to contact us about a missing license.
2. Contact the bank or place of business you purchased the check/money order from to find date cleared. Have this date ready to relay to renewal officer. (No cash is accepted through the mail by our renewal unit.) If check/money order has not cleared, you may choose to stop payment and mail in another one. Check with our renewal department first.
3. Know the correct telephone extension.

Automated Verification Line: ..... (360) 664-4111  
License Renewal: ..... (360) 236-4703  
ARNP Renewal: ..... (360) 236-4707

We do not have Voice Mail. Please continue to ring until we answer. Calls will be answered in order. ❖

# Survey Results Should The Renewal Cycle Be Changed?

*Terry J. West*

In the last newsletter there was a survey asking whether the renewal cycle should be changed from a one year cycle to every other year. As of November 1st we received 804 surveys. There were 395 people in favor of the change, 401 not in favor and 8 people who submitted comments but no vote.

**Survey Results:** The results were very close as to whether the cycle should be changed or not. However, it appeared that the bulk of the "No" answers were submitted by Practical Nurses and the bulk of the "yes" answers were submitted by Registered Nurses. Therefore, the renewal cycle will remain annual for practical nurses and we will move towards changing the renewal cycle to every two years for Registered Nurses.

**Timing of change:** The renewal cycle rule will need to be changed through the public rules amendment process. This takes at least nine months. We anticipate that the change will not become effective until approximately October, 1999. As the cycle change begins, we will time it according to odd and even years of your birth date. For example, 1999 is an odd year. If a nurse has a birth date in an odd year he/she will be changed over to every two years beginning in late 1999 and will then renew every two years thereafter. The next year, 2000, we will then phase in the people who have an even year birth date at which point they would then renew every two years. It will take two years to get all Registered Nurses changed over to the new cycle.

**Cost:** As a part of the public rules process a fee study is necessary. The fee study may indicate a slight fee reduction because of the reduced costs of postage, envelopes and staff time. If the fee is reduced, it will affect both Practical Nurses and Registered Nurses.

**Effect for ARNPs:** The RN and ARNP licenses will be incorporated into one license instead of two. The license will reflect that a licensee is a Registered Nurse, an Advanced Registered Nurse Practitioner and will reflect the areas of specialty.

We thank all of you for responding to the survey. Your response was very helpful. A lot of surveys included questions about several different areas. Following is a response to those main areas of inquiry.

w **Why was the renewal fee raised a year ago?** A detailed article was included in the Winter, 1996 newsletter indicating all of the recent legislative mandates that have increased the disciplinary

process. This includes immediate letters of notification to the complainant and respondent (licensee); administrative investigations be conducted by an Investigator, not staff; and regulatory reform. All of these changes resulted in increased postage, time and resources. The legislature further requires that each regulated health care profession must be fully self supported by the fees they charge. This means that the fees must cover the salaries, benefits, building rent, postage, supplies, review of complaints, investigations, prosecutions and compliance.

w **Were other methods of payment considered?**

Several people wrote to ask whether we had considered accepting credit cards, banking on-line or offering the option of paying for one or two years. Yes, this has been considered. The credit card option is too expensive at this time. The banking on-line and choice of payment is not yet an option with the current computer system. In two to three years when the new computer system is developed we hope to be able to incorporate these ideas.

w **Can you improve the renewed license?** We received numerous surveys asking that the renewal card be on thicker paper or laminated. These are great ideas which we hope to be able to incorporate when we go to a new computer system.

w **Lower the LPN fee because their salary is less:** Unfortunately, fees are not set according to salary. See above response to why was the fee raised a year ago.

w **Why is the Washington State nursing fee higher than other states?** Some states receive General Fund money to offset the cost of discipline. Washington State does not. Instead, all money is generated by application and renewal fees to cover all costs associated with regulation of the nursing profession. In addition, Washington State has different statutes and different requirements relating to receipt of complaints, investigations, prosecutions and compliance. All of these different requirements provide for due process, detailed investigations and uniformity in process. They result in better protection to the public, but an increased cost to the profession.

w **Why don't you require continuing education:** A lot of people wrote to ask why the Nursing Commission does not require continuing education when most other states do and it would increase professionalism. The Nursing Commission agrees that continuing education is something every nurse

*(Continued on Page 9)*

## Advisory Opinions

By Jeanne Vincent,  
RN, MS

The Nursing Care Quality Assurance Commission offers technical assistance to the health care community in the form of advisory opinions issued in response to specific questions relating to the practice of nursing assistants, licensed practical nurses, registered nurses and advanced registered nurse practitioners. Over the years the Nursing Commission has responded to numerous requests for opinions and we continue to get requests for clarification of the scope of nursing practice. Some of our on-going requests have to do with areas of nursing such as RN first assistants; the differences between the RN and LPN scope of practice; LPNs performing intravenous procedures; RNs administering conscious sedation; and telephone triage nursing.

Please note that though these opinions may be helpful to you in your practice, they are advisory only and are created in response to individual practice questions. These opinions are not legally binding and do not have the effect of a duly promulgated regulation or declaratory ruling of the Nursing Commission.

If you have been wondering whether or not a particular practice or procedure is within the scope of your licensure, give us a call and we will research the answer or send you a questionnaire for your specific question. Please call (360) 236-4724 or (360) 236-4725. ♦

## Notification Letters

By Jeanne Giese, RN,  
MN

*Premise: You have just received a letter from the Nursing Commission informing you that a complaint against your nursing license was received by the Commission. What do you do? What does this mean?*

RCW 18.130.095 (1) (a) directs "... A licensee must be notified upon receipt of a complaint, except when the notification would impede an effective investigation. At the earliest point of time the licensee must be allowed to submit a written statement about the complaint, which must be included in the file...". The Health Professions Quality Assurance Division has developed and adopted a uniform policy and procedure for notifying practitioners, complainants and the public of the existence and disposition of complaints. The statute and policy are followed by all health professions under the jurisdiction of the Department of Health.

Many nurses read that a complaint has been filed against their nursing licenses and immediately call the Commission office with questions. Nurses are encouraged to read the entire notification letter as many of their questions may be answered by the information within the letter. All complaints received by the Commission staff are reviewed and decisions are made to either close the complaint or assign to an investigator for further inquiry. Notification letters will advise which review decision was made. Nurses are advised that the existence of a complaint or the existence of an ongoing investigation does not mean that the Nursing Commission has taken legal action against their nursing licenses. Written information about the complaint process may be obtained from the Commission office by calling (360) 236-4727 or (360) 236-4726. ♦

## LPN Corner

By Becky Kerben, LPN

It has come to the attention of the LPNs who are members of the Nursing Commission that perhaps we need to provide our fellow constituents with a bird's eye view of what involvement the LPNs have with the Nursing Care Quality Assurance Commission.

Until 1994, the RN and LPN Boards of nursing were separate entities. In the summer of 1994 the Boards were combined to form the Washington State Nursing Care Quality Assurance Commission. This Commission has three LPN members along with RN's and ARNP's who are appointed by the Governor and serve four year terms; there is a limit of two terms. Our meetings, which are open to the public, are held approximately every six to eight weeks and in various cities around the state. The meetings usually consist of two days - one for disciplinary hearings and one for business.

The Nursing Commission has several sub-committees on which the LPNs are involved. These include disciplinary, practice, education and communications. Our varied career backgrounds serve to make us a viable part of discussions and decision making. The Nursing Commission gives careful consideration not only to how rules are written for the nursing profession but also advisory opinions which are specific to requests submitted and which can affect the LPN practice. A few of the discussions this past year have included but were not limited to sexual misconduct in the nursing profession, nursing delegation and multi-state licensure.

In future newsletter articles we will highlight individual LPNs serving on the Commission and specific issues as relating to the LPN practice with the State of Washington. ♦

## **We're Here To Help You Can You Help Us Too?**

In past newsletters the Nursing Commission staff has indicated that they are trying to accomplish more legislative mandates, increased applications and increased renewals. We could serve you better and faster if there were fewer telephone calls and counter calls.

If you as a nurse or employer could follow these simple steps, it would greatly increase your ability to get information rapidly and assist us with serving your needs.

- w Remember to send in your renewal fee at least three weeks prior to your birth date. You can even renew your license up to three months prior to your birth date.
- w Do not renew at the counter if at all possible. Many licensees like to appear in person to pay for their license. Due to today's technological advances, it actually takes us 1/5 of the time to process fees through the mail. We love to see you, but please help us serve you more efficiently.
- w Please write in if you have an inquiry. Written correspondence is promptly answered by Staff. Or

you may FAX in a request to (360) 236-4738. Our mailing address is:

Nursing Care Quality Assurance  
Commission  
P.O. Box 1099  
Olympia, WA 98507

- w If you do call, please have patience. We receive several hundred calls per day. No one likes to be put on hold, but sometimes it is necessary in order to reply to everyone in turn, as calls come in.
- w Examination results for PNs and RNs take two weeks for us to receive. For Nursing Assistants it takes three weeks to receive the results. Please do not call before this time as results are not given over the phone and we do not have the results any sooner.
- w When you or your staff submit an application, please ensure that all of the blanks are filled in and all attachments are included. This is especially important on the Personal Data Items which are easy to overlook. Complete applications will speed up your licensure process. ♦

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## **Social Security Numbers Required**

In the last legislative session a bill was passed which requires that the Department of Health restrict the licensure of any health care provider certified by the Department of Social and Health Services for non payment of child support payments. In order to determine if the correct person has been identified as being delinquent in their child support payments we need to have on file a social security number for every applicant and licensee.

RCW 26.23.150 is the statute which was amended to require recording of social security numbers. This law requires that in order to assist in child support enforcement as required by federal law, all applicants for an original, replacement, or renewal of a professional license, driver's license, occupational license, or recreational license must furnish the licensing agency with the applicant's social security numbers. The licensing agencies collecting these social security numbers shall not disclose these numbers to any person except as may be required by state or

federal law. This means that if a member of the public were to request a copy of your application file, the social security number and other non releasable information would be deleted before the copy was sent out.

A mailing was sent in November, 1998 to all nurses for whom we don't have social security number on file. A second mailing is planned for December, 1998. Thereafter, if we do not have your social security number on file, we will be unable to renew your license. If this occurs, the nurse will receive a letter indicating that the license cannot be renewed until we receive the social security number.

If an applicant is not a citizen and does not have a social security number, they may sign a waiver to that effect. If you have any questions about this new requirement for a social security number, please write to the Nursing Commission, P.O. Box 47864, Olympia, WA 98504. ♦



To ensure receipt of your annual renewal notice and other timely information, please keep the Nursing Commission informed of any change in your name or address.

## Name and/or Address Change Form

(Please type or print in ink)

**\*A change in name must be accompanied by a photocopy of the marriage certificate, the divorce decree, or the court-ordered name change (whichever is applicable).**

License # \_\_\_\_\_ Social Security # \_\_\_\_\_

☐ RN

☐ LPN

☐ NAC

☐ NAR

### Old Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

### Changes:

Name\* \_\_\_\_\_

Address \_\_\_\_\_

Effective Date \_\_\_\_\_ Signature \_\_\_\_\_

A licensee's address is open to public disclosure under circumstances defined in law, RCW 42.17. The address the Commission has on file for you is used for all mailings, renewal notification and public disclosure.

Send completed form to the commission office by folding, taping and placing postage on the reverse side of this page, which is pre-addressed, or by sending to:

Nursing Commission  
P.O. Box 47864  
Olympia, WA 98504-7864



Fold Here

Place  
Postage  
Here

**NURSING COMMISSION  
PO BOX 47864  
OLYMPIA WA 98504-7864**

Fold Here

Tape Here

## Vacancies On Nursing Commission

There will be two positions on the Nursing Care Quality Assurance Commission that will become vacant as of June 30, 1999. One position is for a Registered Nurse position. The requirements are licensure as a registered nurse and five years of experience in active practice. One of the public member positions will also become vacant. The requirements for a public member are that the person cannot be a member of any other health care licensing board or commission, or have a fiduciary obligation to a facility rendering health services regulated by the Nursing Commission, or have a material or financial interest in the rendering of health services regulated by the commission.

A third vacancy is the nonvoting licensed midwife position. This position has been vacant for some time. The requirements for this position is that the person must be a licensed midwife, have at least five years of experience and be engaged in the practice as a midwife within two years prior to appointment.

If you are interested in any of these positions or want to find out more information about the role of a Nursing Commission member, please call (360) 236-4713. ♦

## Telephone List

### Administration

Paula Meyer, Executive Director ..... 236-4713  
Kris McLaughlin, Secretary ..... 236-4713

### Licensing

Terry J. West, Manager ..... 236-4712  
Licensing System  
Applications (RN & LPN) ..... 236-4740  
Examination ..... 236-4740  
Renewals ..... 236-4740  
Endorsement ..... 236-4740  
Nursing Assistant ..... 236-4740  
Verification ..... FAX 360 586-5935  
Correspondence ..... FAX 360 236-4738

### Education

Joan Reilly, Education Manager ..... 236-4709

### Disciplinary Hearings, RN & LPN

Scott Black, Manager ..... 236-4722  
Legal Secretary ..... 236-4719

### Practice and Discipline, RN & LPN

Complaint Intakes, RN & LPN ..... 236-4727  
Complaint Investigations, Inquiries,  
RN & LPN ..... 236-4726  
Disciplinary Order Compliance, RN ..... 236-4723  
Disciplinary Order Compliance, LPN ..... 236-4721  
Discipline questions  
(process and orders) ..... 236-4723  
Jeanne Giese, Manager ..... 236-4728  
Advisory Opinions,  
practice issues ..... 236-4724

### Nursing Assistants, Practice & Discipline

Compliance, Nursing Assistants ..... 236-4715  
Discipline/Investigation,  
Nursing Assistants ..... 236-4716  
Jo Waidely, Manager ..... 236-4718

### Nursing Pools

Terry West, Manager ..... 236-4712

**Please  
Note  
All  
area  
codes  
are  
360**

## Web Page Now Available

The Department of Health has developed WEB pages for almost all of the health professions boards and commissions. The Internet address for the Department of Health is: [www.doh.wa.gov/about/about.htm#HSQA](http://www.doh.wa.gov/about/about.htm#HSQA). The Internet address for the Nursing Care Quality Assurance Commission webpages is: [www.doh.wa.gov/hsqa/hpqqad/nursing/default.htm](http://www.doh.wa.gov/hsqa/hpqqad/nursing/default.htm). Webpage information that is currently available:

- w Mission Statement/goals & objectives
- w Board, Commission, Committee or Council information

- w Meeting Schedule for the upcoming year
- w Fee Schedule
- w Staff Roster/ main contact
- w RCWs relating to profession
- w WACs relating to profession
- w Comments or questions

Plans are underway to add more information to these webpages in an effort to better serve you. So please try our webpages out and give us your feedback. ♦

# 1999 Nursing Commission Meeting Schedule

January 12-13, 1999 .....	Lacey Community Center
January 12 - Hearings .....	6729 Pacific Avenue, Lacey, WA 98503
January 13 - Business Mtg. ....	6729 Pacific Avenue, Lacey, WA 98503
February 24, 25, 26, 1999 .....	Olympia
February 24 - Hearings .....	1101 Eastside Street, Olympia, WA 98504
February 25 & 26 Business .....	1101 Eastside Street, Olympia, WA 98504
April 6-9, 1999 .....	Yakima - Double Tree Hotel
April 6, 7, 8 - Hearings .....	1507 North First St., Yakima, WA 98901
April 9 - Business .....	1507 North First St., Yakima, WA 98901
May 20, 21, 1999 .....	Olympia
May 20 - Hearings .....	1101 Eastside Street, Olympia, WA 98504
May 21 - Business .....	1101 Eastside Street, Olympia, WA 98504
July 22, 23, 24, 1999 .....	Olympia
July 22, 23, 24 .....	1101 Eastside Street, Olympia, WA 98504
September 30, Oct 1, 1999 .....	Spokane
September 30 - Hearings .....	Attorney General's Office
October 1 - Business .....	Airport Ramada
November 18, 19, 1999 .....	Olympia
November 18 - Hearings .....	1101 Eastside Street, Olympia, WA 98504
November 19 - Business .....	1101 Eastside Street, Olympia, WA 98504 ♦